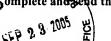
## PART B - FEE(S) TRANSMITTAL



dmplete and send this form, together with applicable fee(s), to: Mail

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below. NAWROCKI, ROONEY & SIVERTSON SUITE 401, BROADWAY PLACE EAST 3433 BROADWAY STREET NORTHEAST MINNEAPOLIS, MN 554133009 Melissa A. Abeldgaard (Depositor's name) 09/26/2005 HDESTA2 00000037 10706873 (Signature) 700.00 OP 01 FC:2501 (Date 300.00 OP FC:1504 FILING DAGE OF FC: 800 LICATION NO. FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 10/706,873 11/11/2003 Irene A. Waldridge 55122/101/104 6735 TITLE OF INVENTION: LYMPHEDEMA TREATMENT SYSTEM APPLN. TYPE **SMALL ENTITY ISSUE FEE PUBLICATION FEE** TOTAL FEE(S) DUE DATE DUE \$1000 09/26/2005 nonprovisional YES \$700 **EXAMINER** ART UNIT **CLASS-SUBCLASS** DEMILLE, DANTON D 3764 601-152000 Nawrocki, 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Rooney & 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys <sup>l</sup>Sivertson. ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. or agents OR, alternatively, (2) the name of a single firm (having as a member a "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is Number is required. listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Tactile Systems Technology, Inc. Minneapolis, MN U.3 Individual Corporation or other private group entity Government Please check the appropriate assignee category or categories (will not be printed on the patent): 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): Issue Fee A check in the amount of the fee(s) is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 14-0620 (enclose an extra copy of this form). Advance Order - # of Copies \_ 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Typed or printed name Richard C. Stempkovski

Registration No.

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